

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-63-014302

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 317 Primary Registration District No. 544 Registrar's No. 1139

STATE FILE NUMBER

FILED APR 11 1963

| | | | |
|--|---|--|---|
| 1. PLACE OF DEATH a. COUNTY <u>St. Louis</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>St. Louis</u> | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Kirkwood</u> | | c. CITY OR TOWN <u>Kirkwood</u> | |
| Length of stay in 1b <u>11 yrs.</u> | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>453 Woodlawn Estates Dr.</u> | | d. STREET ADDRESS (If outside, give location) <u>453 Woodlawn Estates Dr.</u> | |
| 3. NAME OF DECEASED (Type or print) First <u>HELEN</u> Middle <u>MILLER</u> Last <u>MILLER</u> | | 4. DATE OF DEATH Month <u>April</u> Day <u>3</u> Year <u>1963</u> | |
| 5. SEX <u>Female</u> | 6. COLOR OR RACE <u>White</u> | 7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH <u>8/26/1891</u> |
| 9. AGE (last birthday) <u>71</u> | | 10. IF UNDER 1 YEAR Months <u>7</u> Days <u>7</u> | |
| 11. IF UNDER 24 HR Hours <u>7</u> Min. <u>7</u> | | 12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u> | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Never Worked</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>Never Worked</u> | |
| 11. BIRTHPLACE (City and state or country) <u>Macon, Missouri</u> | | 12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u> | |
| 13a. FATHER'S NAME <u>Hardin Butler</u> | | 13b. MOTHER'S MAIDEN NAME <u>Ellen Johnson</u> | |
| 14. NAME OF HUSBAND OR WIFE <u>John C. Miller</u> | | 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u> | |
| 16. SOCIAL SECURITY NO. <u>BB</u> | | 17. INFORMANT Address <u>John C. Miller 453 Woodlawn Estates Dr.</u> | |
| 18. CAUSE OF DEATH (Enter only one cause per item for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Lobar pneumonia</u> DUE TO (b) <u>AS HD</u> DUE TO (c) <u>CVA</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. | | INTERVAL BETWEEN ONSET AND DEATH <u>3 days</u> <u>3 yrs</u> <u>5 yrs</u> | |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) | | PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown | |
| 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) | |
| 20c. TIME OF INJURY Hour <u>2:30</u> a.m. <u>p.m.</u> | Month, Day, Year <u>4-3-63</u> | | |
| 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | 20f. CITY, TOWN, OR LOCATION COUNTY <u>St. Louis</u> STATE <u>Mo.</u> | |
| 21. I attended the deceased from <u>11-19-62</u> to <u>4-3-63</u> and last saw her alive on <u>4-2-63</u> Death occurred at <u>2:30 p.m.</u> on the date stated above, and to the best of my knowledge, from the causes stated. | | | |
| 22a. SIGNATURE <u>E. J. McCall M.D.</u> (Degree or title) | | 22b. ADDRESS <u>Bertwood Cmo</u> | 22c. DATE SIGNED <u>4-3-63</u> (Date) |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u> | 23b. DATE <u>4/4/63</u> | 23c. NAME OF CEMETERY OR CREMATORY <u>Keytesville City Cemetery</u> | 23d. LOCATION (City, town, or county) <u>Keytesville, Missouri</u> |
| 24. FUNERAL DIRECTOR <u>Bopp Chapel, Kirkwood, Missouri</u> | | 25. DATE RECD. BY LOCAL REG. <u>4-3-63</u> | 26. REGISTRAR'S SIGNATURE <u>John C. Murphy M.D.</u> |

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK
OR
TYPEWRITER RIBBON

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____ Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

James J. W. [Signature]

Licensed Embalmer No. 4512

P. O. Address Richmond, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.